

<i>SERFF Tracking Number:</i>	<i>ULCC-125919293</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Labor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40970</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>WHOLE LIFE INSURANCE</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: WHOLE LIFE INSURANCE	SERFF Tr Num: ULCC-125919293	State: ArkansasLH
TOI: L07G Group Life - Whole	SERFF Status: Closed	State Tr Num: 40970
Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Karen Whitham, Kevin Ross, Carmen Washington, Carla Wallace	Disposition Date: 12/03/2008
	Date Submitted: 11/25/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 12/03/2008	
State Status Changed: 12/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
November 25, 2008	

Arkansas Insurance Department
1200 West Third Street

SERFF Tracking Number: ULCC-125919293 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40970
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

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Little Rock, AR 72201

Re: INSERT/SUBSTITUTION PAGE FILING

Form 1000-83 WL Page 10

The Union Labor Life Insurance Company

NAIC: 781-69744

FEIN: 13-1423090

Dear Sir or Madam:

Please find enclosed for your approval revised individual Whole Life Insurance Policy page 10. This revised policy page is being filed on an insert/substitution basis. This revised policy page replaces policy page 10 currently on file with the Department under individual Whole Life Insurance Policy form 1000-83 WL.

Policy page 10 was revised to change references to the "Commissioner's 1980 Standard Ordinary Mortality table" and the "Commissioner's 1980 Extended Term Insurance table" to the "Commissioner's 2001 Standard Ordinary Mortality table" and the "Commissioner's 2001 Extended Term Insurance table" in the Basis of Computation provision of the GUARANTEED VALUES section of the policy from. No other changes have been made to the individual Whole Life Insurance Policy form 1000-83 WL; it otherwise remains unchanged as currently on file with the Department.

Please advise us of your decision at your earliest convenience.

If you have any questions or require any additional information, please let me know.

Sincerely,

Kevin E. Ross

Senior Compliance Analyst

Voice: 202-962-2933

Fax: 202-682-4682

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Product Name: WHOLE LIFE INSURANCE

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Email: kross@ullico.com

Company and Contact

Filing Contact Information

Kevin Ross, kross@ullico.com
 8403 Colesville Road (202) 962-2933 [Phone]
 Silver Spring, MD 20910 (202) 682-4682[FAX]

Filing Company Information

The Union Labor Life Insurance Company CoCode: 69744 State of Domicile: Maryland
 8403 Colesville Road Group Code: 781 Company Type: Life and Health
 Silver Spring, MD 20910 Group Name: State ID Number:
 (202) 682-0900 ext. [Phone] FEIN Number: 13-1423090

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing fee based on Arkansas Rule & Regulation 57 s 5.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$50.00	11/25/2008	24155883

SERFF Tracking Number:	ULCC-125919293	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/03/2008	12/03/2008

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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ULCC-125919293</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Whole Life Insurance Policy		Yes

SERFF Tracking Number: ULCC-125919293 State: Arkansas

Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40970

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TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: WHOLE LIFE INSURANCE

Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1000.83 WL (Rev. 11-01-08)	Policy/Cont	Whole Life Insurance Initial			60	1000-83 WL (Rev 11-01-08).pdf
		ract/Fratern	Policy				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

LOAN PROVISIONS

Cash Loans. You may borrow against this policy while it has a loan value if: (a) no premium is due beyond its grace period; and (b) the policy is assigned to us. The policy will be the sole security for the loan. The loan value is the amount with interest which equals: (a) the cash value on the next policy anniversary or premium due date, if earlier; plus (b) the cash value of any paid-up dividend additions; plus (c) any dividend accumulation; less (d) any debt on the policy. You must apply to us in writing for a cash loan. No loan will be granted if this policy is in force as extended term insurance.

Automatic Premium Loans. This benefit must be requested in the application for this policy or by written notice to us before the end of the grace period of an unpaid premium. While in effect, any unpaid premium will automatically be paid at the end of its grace period by a loan. Such loan with interest cannot exceed the loan value. Any debt created by the use of this option will bear interest from the date of default. If the loan value is not enough to pay the overdue premium, this policy will stay in force only to the extent provided under the Options On Premium Default provision. You may revoke an election for automatic premium loans by written request.

Repayment of Debt. You may repay any debt, in part or in full, at any time while the insured is alive. If the policy is in force under the Options on Premium Default provision, the amount of debt deducted to determine the net cash value on the date of default may be repaid only if the policy is reinstated. We will not accept debt repayments of less than \$5 unless the balance of the debt is less than \$5. All repayments must be paid to us at our Executive Office.

This policy will terminate when the debt on this policy equals or exceeds the loan value. Termination will occur 31 days after we have mailed notice to the last known address of the owner and any assignee of record.

Debt. Debt consists of any unpaid loans plus loan interest due or accrued.

Interest on Debt. Interest on debt will be at the rate of 8%. Loan interest is payable annually on each policy anniversary. Interest not paid when due will be added to the debt on the policy.

Deferment. We may defer any loan (except loans to pay premiums) for the period permitted by law, up to six months. When payment is deferred for 30 days or more, we will pay interest at the nonforfeiture valuation interest rate shown on page 3.

GUARANTEED VALUES

Amount of Cash Value. The cash values for this policy are shown in the Table of Guaranteed Values. These values assume that: (a) premiums have been paid for the full policy year; and (b) there is no debt on the policy. They do not include: (a) the cash value of any paid-up dividend additions; or (b) the accumulated value of any dividends left at interest. If premiums have been paid for part of a policy year in which default occurs, values will be calculated on a basis consistent with that used to calculate values for a whole policy year. Allowance will be made for the lapse of time and premiums paid within such policy year. Values for policy years not shown will be furnished on request.

You may surrender this policy for its net cash value. The net cash value is equal to the cash value: (a) less any debt; (b) plus the cash value of any paid-up additions; (c) plus any dividend accumulations and unpaid dividends.

We may defer any payment of net cash value for the period permitted by law, up to six months. When payment is deferred for 30 days or more, we will pay interest at the nonforfeiture valuation interest rate shown on page 3.

Basis of Computation. A statement of the method of calculating cash values and options on premium default has been filed with the insurance official in the jurisdiction in which this policy is delivered. Values for this policy are computed by the Standard Nonforfeiture Value Method. Values after 20th policy year are equal to the reserves on net level premium basis. The net single premiums and cash values referred to are based on the Commissioner's 2001 Standard Ordinary Mortality table, except the net single premiums for extended term insurance are based on the Commissioner's 2001 Extended Term Insurance table. Interest is assumed at the valuation interest rate shown on page 3. Deaths are assumed to occur at the end of the policy year of death. Values and reserves are equal to or greater than those required by law in the jurisdiction in which this policy is delivered.

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Rate Information

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Product Name: WHOLE LIFE INSURANCE
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

11/25/2008

Comments:

See attached Certifications.

Attachments:

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE 19.pdf
READABILITY CERTITIFCATION.pdf

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE & REGULATION 19

Insurer: The Union Labor Life Insurance Company

Form Number(s): 1000.83 WL (Rev. 11-01-08) Insert Page 10

I hereby certify that the filing above meets all applicable Arkansas requirements including the applicable requirements of Rule & Regulation 19.

A handwritten signature in black ink, appearing to read 'James Messinger', with a long horizontal flourish extending to the right.

James Messinger

November 25, 2008
Date

READABILITY CERTIFICATION

I certify that the following forms submitted with this filing achieved the following scores using the Flesch Test Reading Score standards.

<u>Form</u>	<u>Description</u>	<u>Flesch Score</u>
1000.83 WL (Rev. 11-01-08) Insert Page 10 Policy Insert Page		59.9

THE UNION LABOR LIFE INSURANCE COMPANY



By: _____

Title: James Messinger, Insurance Operations

Date: November 25, 2008